

PROJECT 10073 RECORD

| | |
|--|---|
| 1. DATE, TIME GROUP 6 Mar 63 07/0230Z | 2. LOCATION Tarenton, Pennsylvania (2 witnesses) |
| 3. SOURCE Civilian | 10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION |
| 4. NUMBER OF OBJECTS One | No other similar reports were received from the area. The observer did not give the name of the witness. The observer was requested to complete a 117 but has not returned it as of 17 Apr 63. |
| 5. LENGTH OF OBSERVATION About 15 Minutes | 11. BRIEF SUMMARY AND ANALYSIS |
| 6. TYPE OF OBSERVATION Ground-Visual | The observer stated that he sighted a blue mushroom shaped space ship that was about 200 ft in diameter. The craft reportedly hovered near the observer for about 15 minutes. The middle of it started spinning and it traveled out of sight. |
| 7. COURSE Not Reported | |
| 8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NOTE: 117 Received 3 July 68. No action considered necessary at this time. |
| 9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

FC M

FTC SET AT 9-329 (TDE) Previous editions of this form may be used.

22. HAVE YOU EVER BEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☐ YES ☒ NO. IF "YES," DID THEY SEE IT TOO?
☐ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (City, State, Zip Code)

TELEPHONE (Area code and number)

AGE

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

Attend West Deer High School & study astronomy greatly.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME  DAY 7 MONTH March YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 2 MONTH July YEAR 1968

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE.
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

I was walking along [REDACTED] when I saw a shiny glowing mushroom shaped object coming into view. It moved with tremendous speed. It stood in mid air & hovered for about 15 min. Then the glowing grew more intense, and with tremendous speed move out of sight over the horizon.

March 11, 1968

U. S. O. Investigative Center
Wright-Patterson Air Force
Base
Dayton, Ohio

Gentlemen:

I am 14 years old & am
sending you a sighting of
a U. S. O. which I have
just encountered.

It was a clear night
on March 6, 1968, and
about 7:30 P. M. My friend
and I were stargazing
at various planets, stars,
& the moon. The night
was not very cold, so
we decided to spend a
little more time out.
I was looking through
my funderscope, trying
to find saturn when we
(over)

Yours very truly,

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF: TDPT (UFO)

4 APR 1968

SUBJECT: UFO Observation , 6 March 1968

TO:

[REDACTED]
Tarentum, Pennsylvania 15084

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 6 March 1968 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

④
RECTOR QUINTANILLA, Jr, Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R253

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 6th MONTH March YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 15 ☐ A.M. ☒ P.M.

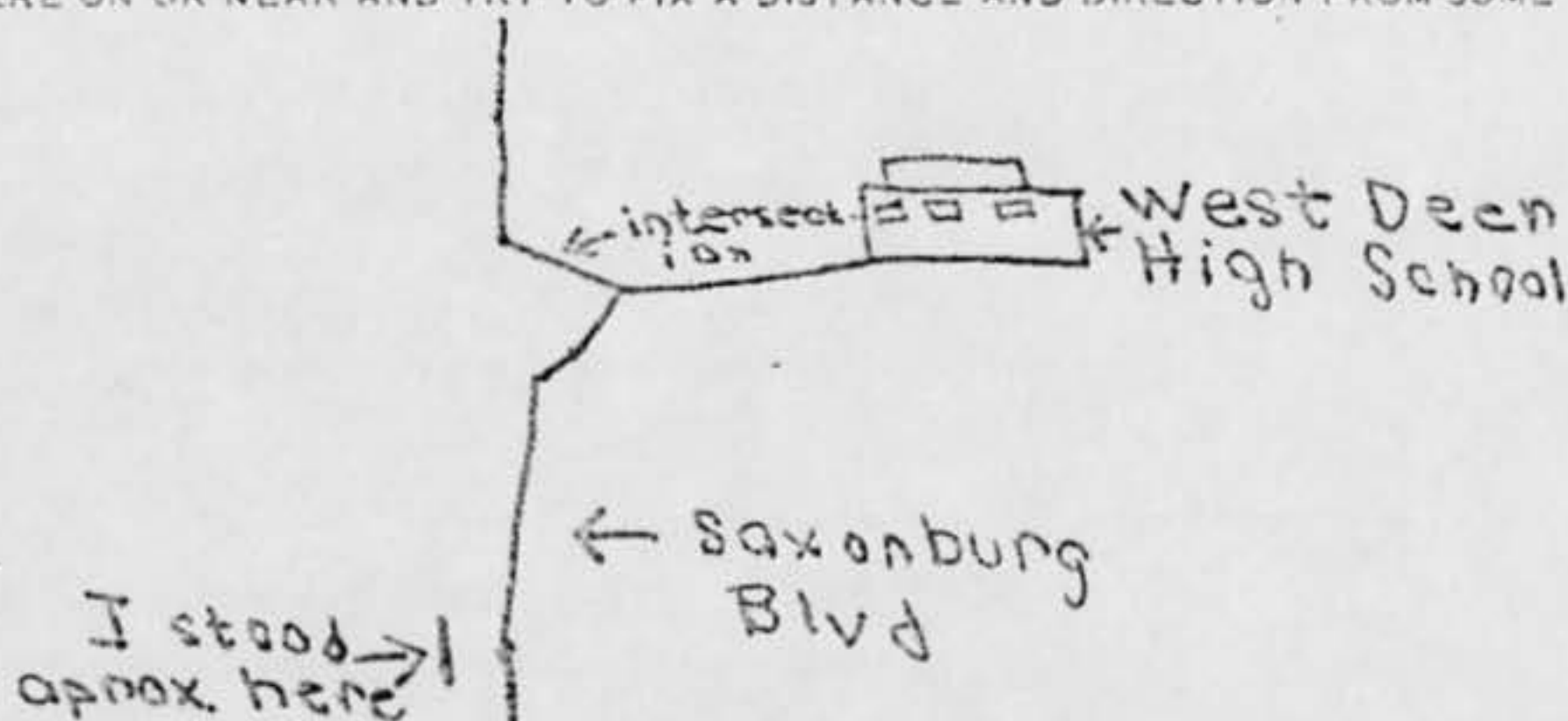
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 30 ☐ A.M. ☒ P.M.

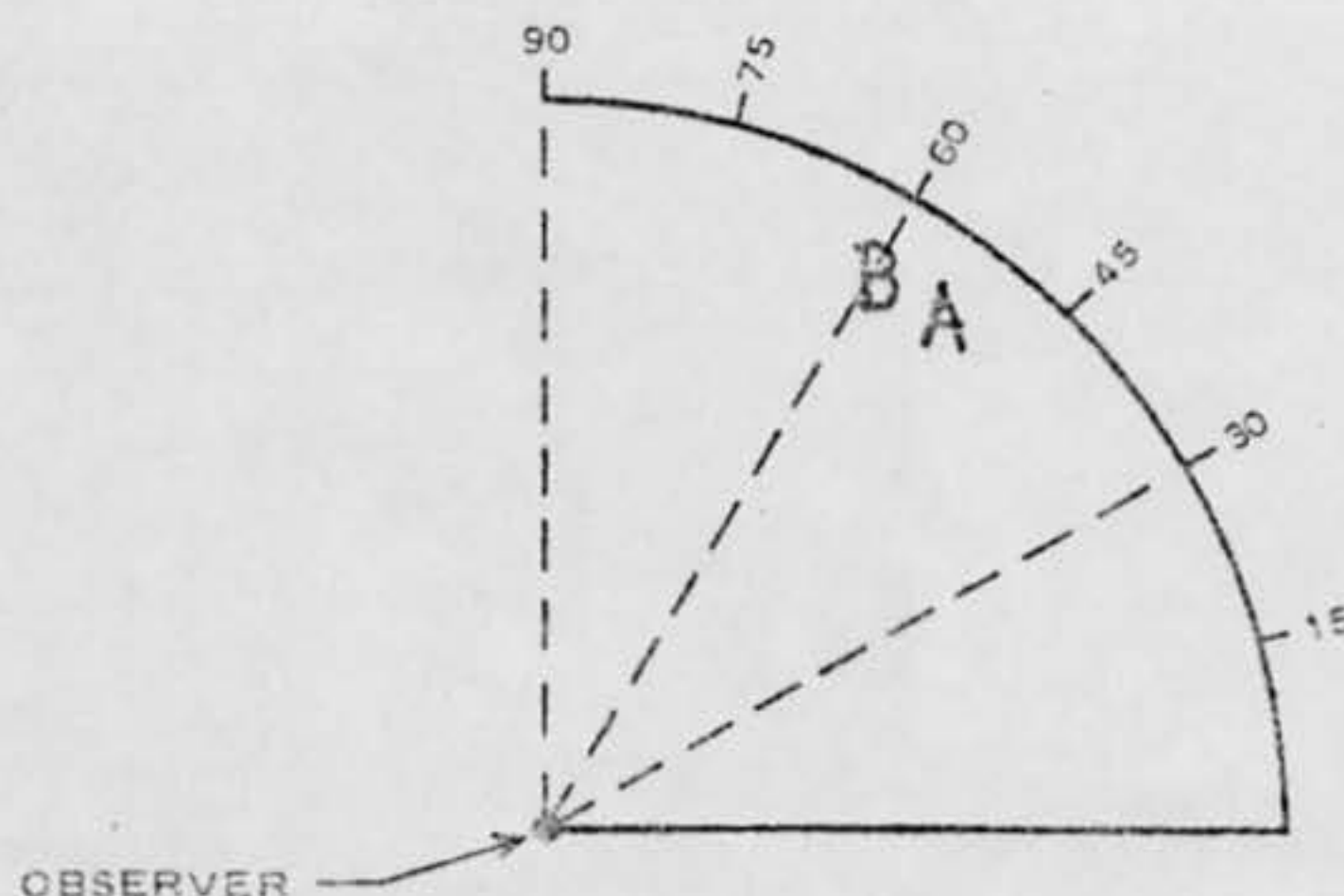
4. TIME ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

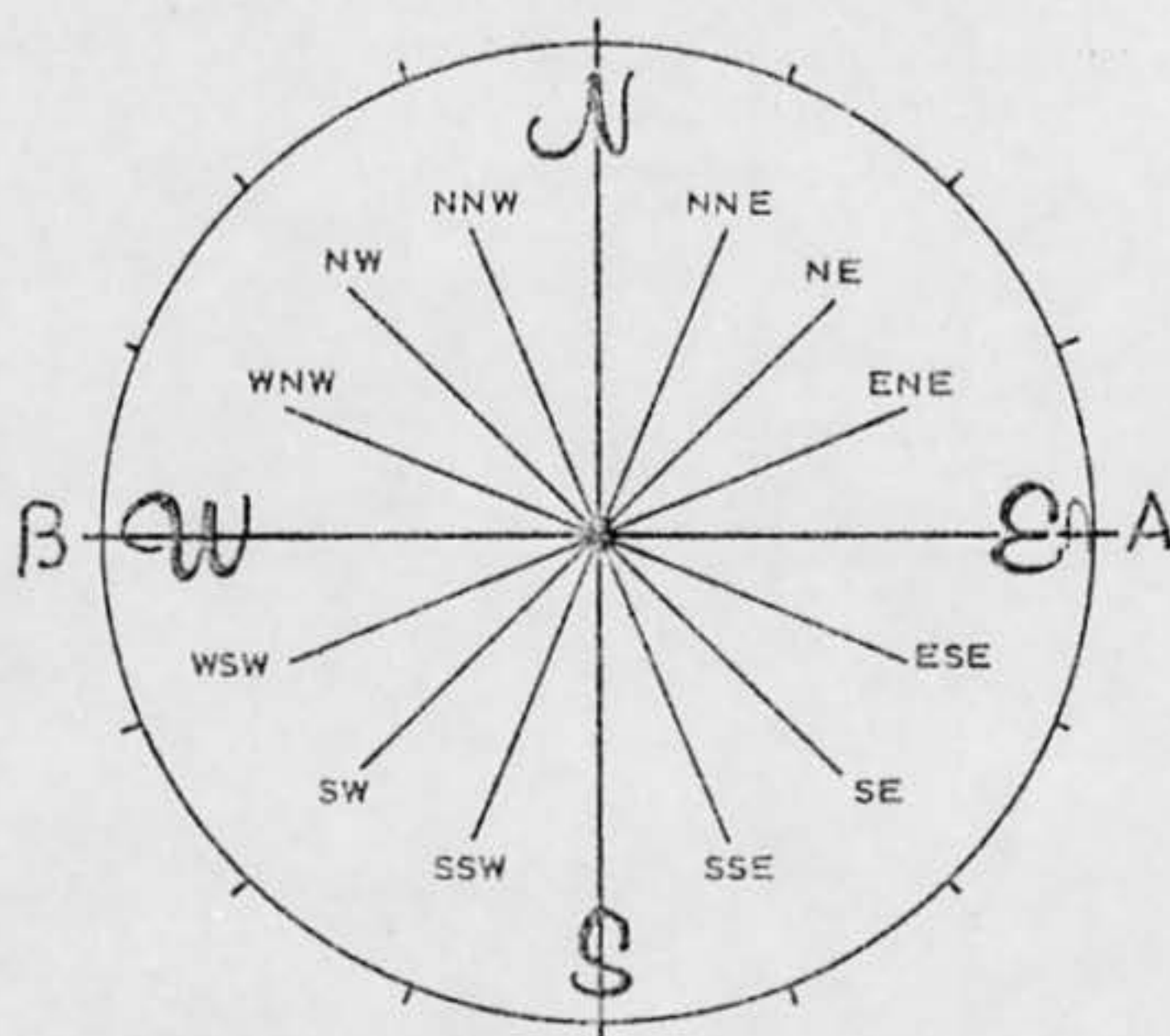
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.



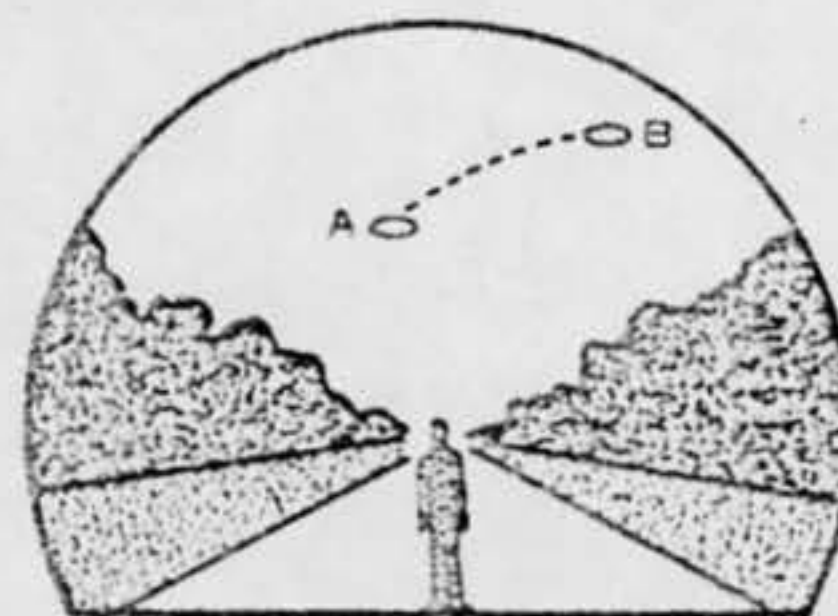
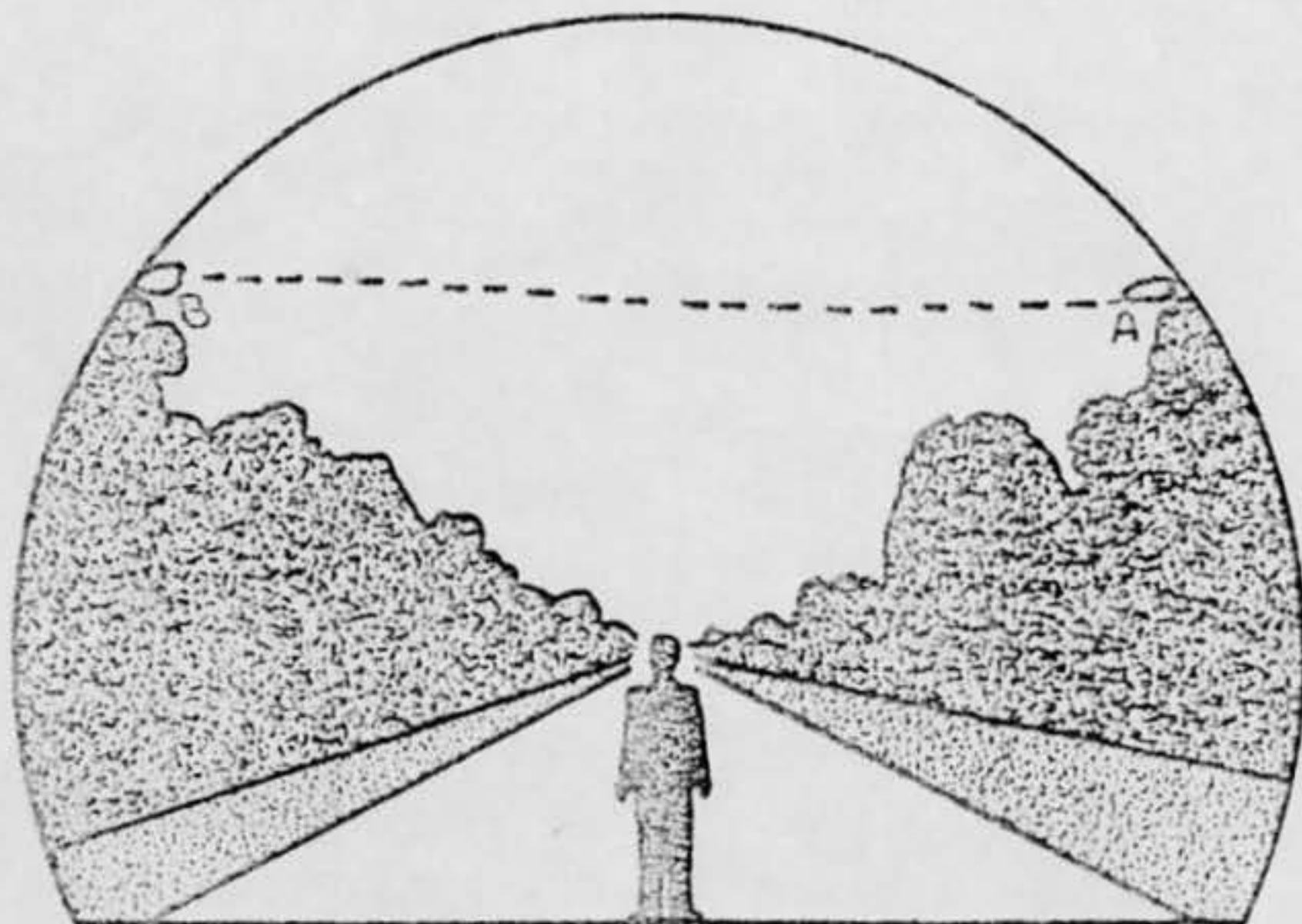
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE. WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



- 5A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



| | | | |
|--|-------------------------------------|--|--------------------------------|
| 3. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
| <input checked="" type="checkbox"/> OUTDOORS | | | IN BUSINESS SECTION OF CITY |
| IN BUILDING | | | IN RESIDENTIAL SECTION OF CITY |
| IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | | <input checked="" type="checkbox"/> | IN OPEN COUNTRYSIDE |
| IN BOAT | | | NEAR AIRFIELD |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | | | FLYING OVER CITY |
| OTHER | | | FLYING OVER OPEN COUNTRY |
| | | | OTHER |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| NORTH | EAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| SOUTH | WEST | | |
| NORTHEAST | SOUTHEAST | | |
| NORTHWEST | SOUTHWEST | | |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| HOW MUCH GOING TRAFFIC WAS THERE? <i>not very much</i> | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME | | CERTAIN OF TIME | NOT VERY SURE |
| <i>15 minutes</i> | <input checked="" type="checkbox"/> | FAIRLY CERTAIN | JUST A GUESS |
| HOW WAS TIME DETERMINED? <i>wristwatch</i> | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. | | | |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

only one phenomenon

11. CONDITIONS (Check appropriate blocks.)

| A. SKY | | B. WEATHER | |
|--|--------------------------|--|--|
| <input type="checkbox"/> DAY | <input type="checkbox"/> | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy) | <input type="checkbox"/> FOG OR MIST |
| <input type="checkbox"/> TWILIGHT | <input type="checkbox"/> | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN |
| <input checked="" type="checkbox"/> NIGHT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR | <input type="checkbox"/> | <input type="checkbox"/> NIMBUS CLOUDS (Rain) | <input type="checkbox"/> HAIL |
| <input type="checkbox"/> PARTLY CLOUDY | <input type="checkbox"/> | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms) | <input type="checkbox"/> SNOW OR SLEET |
| <input type="checkbox"/> COMPLETELY OVERCAST | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> UNKNOWN |
| | <input type="checkbox"/> | <input type="checkbox"/> HAZE OR SMOG | <input type="checkbox"/> NONE OF THE ABOVE |

12. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | | (2) MOON | |
|---|--------------------------|---|---|
| <input type="checkbox"/> NONE | <input type="checkbox"/> | <input type="checkbox"/> BRIGHT MOONLIGHT | <input type="checkbox"/> NO MOONLIGHT |
| <input type="checkbox"/> A FEW | <input type="checkbox"/> | <input type="checkbox"/> MOON WITH HALO | <input checked="" type="checkbox"/> UNKNOWN |
| <input type="checkbox"/> MANY | <input type="checkbox"/> | <input type="checkbox"/> MOON HIDDEN BY CLOUDS | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> UNKNOWN | <input type="checkbox"/> | <input type="checkbox"/> PARTIAL (New or quarter) | <input type="checkbox"/> |

13. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | | |
|--|--------------------------|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU | <input type="checkbox"/> | <input type="checkbox"/> TO YOUR LEFT | <input type="checkbox"/> UNKNOWN |

14. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

about 100 ft. to nearest street lamp

15. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

Mushroom shaped, light, self-luminous, colored blue solid, sort of fuzzy edges,

| 13. | DID THE PHENOMENON | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|----|---------|
| | MOVE IN A STRAIGHT LINE? | ✓ | | |
| | STAND STILL AT ANYTIME? | ✓ | | |
| | SUDDENLY SPEED UP AND RUN AWAY? | ✓ | | |
| | BREAK UP IN PARTS AND EXPLODE? | | ✓ | |
| | CHANGE COLOR? | | ✓ | |
| | GIVE OFF SMOKE? | | ✓ | |
| | CHANGE BRIGHTNESS? | | ✓ | |
| | CHANGE SHAPE? | | ✓ | |
| | FLASH OR FLICKER? | | ✓ | |
| | DISAPPEAR AND REAPPEAR? | | ✓ | |
| | SPIN LIKE A TOP? | ✓ | | |
| | MAKE A NOISE? | | ✓ | |
| | FLUTTER OR WOBBLE? | | ✓ | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

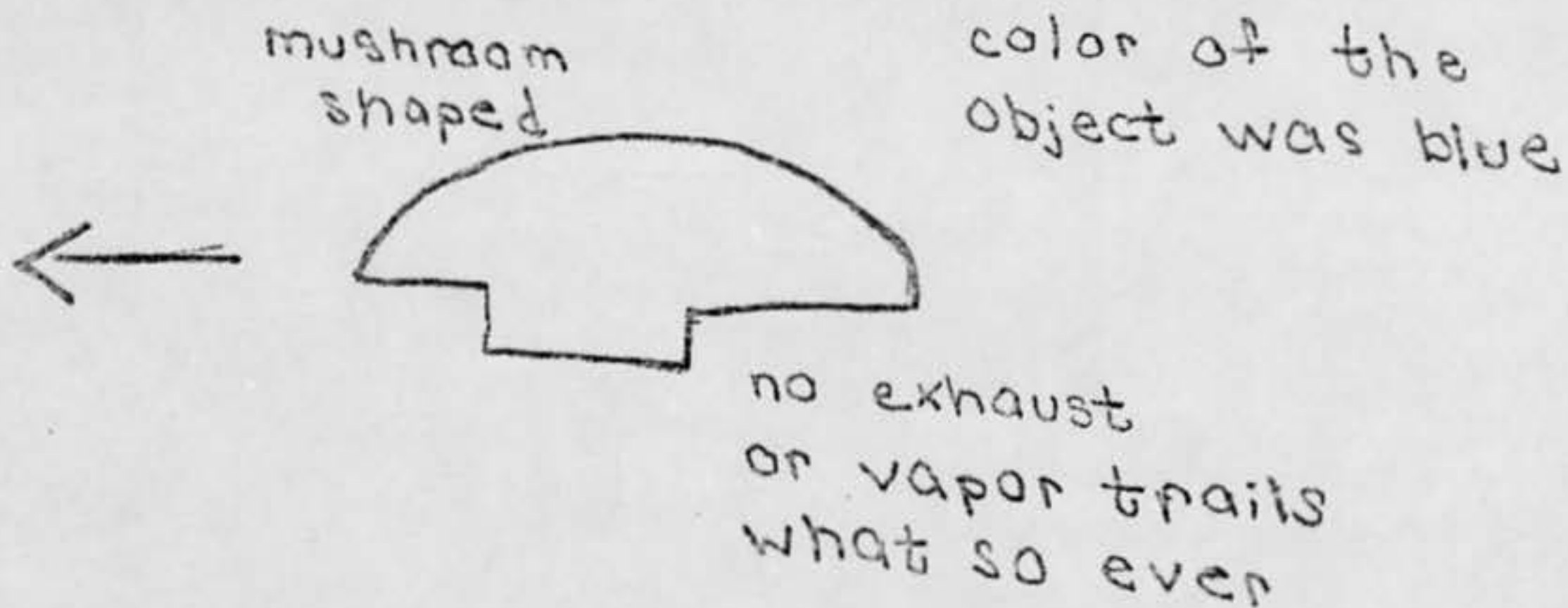
It's huge odd shape, and the the bright blue color it emitted

A. HOW DID IT FINALLY DISAPPEAR?

It hovered for about 15 min., and took off at a tremendous speed over the horizon

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☐ YES ☒ NO. IF "YES," DESCRIBE.

13. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



15. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

about one fourth

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

| | |
|------------------------|---------------|
| EYEGASSES | CAMERA VIEWER |
| SUNGLASSES | BINOCULARS |
| WINDSHIELD | TELESCOPE |
| SIDE WINDOW OF VEHICLE | THEODOLITE |
| WINDOWPANE | OTHER |

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED Unknown

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 5000 ft. up

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

The only man made object I know of that would come the clocest in comparason with this object is a helocopter in the way the objet hovered motionless for 15 minutes.

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.